

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## MASSAGE THERAPY AND BODYWORK THERAPY CREDENTIALING BOARD

### MASSAGE THERAPIST OR BODYWORK THERAPY PROGRAM CURRICULUM

**APPLICANT:** Complete this section and submit to certifying school for completion. Form must be returned directly from the school to the Department at the above address. Please Note: If your school is not Wisconsin Educational Approval Board (EAB) approved, or is not a Wisconsin Technical College, you must also submit official transcripts with this form.

<b>Last</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b> (number, street, city, zip code) <input type="text"/>			
<b>Date of Birth</b>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Social Security #</b>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (voluntary-for school's use in locating your records) <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Applicant Signature</b> <input type="text"/>		<b>Date</b> <input type="text"/>	

**CERTIFYING SCHOOL:** Certify completion after the applicant named above has actually graduated and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or [dspscredmedbaffiliates@wisconsin.gov](mailto:dspscredmedbaffiliates@wisconsin.gov).

Enter the number of classroom hours of study the applicant has completed in the seven (7) areas listed below. The total must be at least 600 hours.

<b>Hours</b>	<b>Anatomy, Physiology, Pathology, Kinesiology</b> (125 hours required)
<input type="text"/>	
<input type="text"/>	<b>Business, Law and Ethics</b> (50 hours required)
<input type="text"/>	<input type="checkbox"/> <b>Check if applicable.</b> Includes at least 6 classroom hours in the laws of the State of Wisconsin and rules of the Department relating to the practice of massage therapy or bodywork.
<input type="text"/>	<b>Wisconsin State Laws and Administrative Rules governing Massage Therapy and Bodywork Therapy</b>
<input type="text"/>	<input type="checkbox"/> <b>Check if applicable.</b> Student has taken and passed the Wisconsin State Law and Administrative Rules examination.
<input type="text"/>	<b>Massage Therapy or Bodywork Theory, Technique and Practice</b> (300 required)
<input type="text"/>	<b>Student Clinic</b> (20 hours required)
<input type="text"/>	<b>Adult CPR/AED and Standard First Aid</b> (5 hours required)
<input type="text"/>	<b>Additional Course Offerings Meeting Massage Therapy or Bodywork Course Objectives</b> (Required) <input type="text"/>
<input type="text"/>	<b>Total Hours Completed</b> (must equal 600 hours or more)

**AFFIDAVIT:** I attest to the fact that the above named applicant has completed at least 600 hours of classroom study, as indicated above, in a training program in massage therapy or bodywork therapy.

<b>School Name:</b>	<input type="text"/>
<b>School Address:</b>	<input type="text"/>
Was this school EAB approved at the time the applicant completed the course of study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this school a Wisconsin Technical College?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this school accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Accrediting Body at the time the Applicant completed the course of instruction:	<input type="text"/>
Coursework Completion Date:	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Signature of Dean or Department Head</b>	<input type="text"/>
<b>Title</b>	<input type="text"/>
	<b>Date</b> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>